Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **December 1**st **through 15**th. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR				D E CME	PPP pva No. 0348-0043
	DERAL ASSISTANCE 2. DATE SUBMITTED			Applicant Dantifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	1 2 2002
Application Construction	Preapplication X Construction		CEREBAL AGENOV	E-dialidades	
Non-Construction	☐ Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	074	
5. APPLICANT INFORMATION	T. Hon Consuderion			- PIAIF CLE	ARING HOUSE
Legal Name:			Organizational Unit:		TOOOL
Mineral Count	ty Water Dist	ríct .		Water Distri	
Address (give city, county, State,	and zip code);		1	number of person to be cont	bled on matters involving
Mineral, Tehama	a County, CA	96063	this application (give a	SHILLEY	Wheeler
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		<u> </u>	ANT: (enter appropriate lette	n in box)
62-1856				, , ,	G
			A. State	H. Independent School Dis	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	n of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University	
M Davidsky and the	(-) !- ! ()) <u> </u>	D. Township	K. Indian Tribe	•
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L, Individual M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	A Duration	G. Special District		
	specify):	a Dardior,	J. 0, 200 a. 2,000 a.	(
			9. NAME OF FEDER	AL AGENCY:	And annual to the state of the
				USDA	
				00011	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PRO	SECT:
		10-760			
	ļ		Renovatio	on of Water Di	strict
TITLE:	NECT (City of County)		}		· · · · · · · · · · · · · · · · · · ·
12. AREAS AFFECTED BY PRO	JJECT (Cities, Counties, Sta	ales, etc.):			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF: Doug	g Ose / W	Vally Herger	
Start Date Ending Date	a. Applicant		b. Project		
5/01/03	2		<u> </u>	2	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal	\$. 00	ORDER 12372 PI	ROCESSY	i
a. / Cdordi	70	0,000.	e. YES. THIS PRE	APPLICATION/APPLICATIO	N WAS MADE
b. Applicant	\$,50	AVAILABL	E TO THE STATE EXECUT	VE ORDER 12372
			PROCESS	FOR REVIEW ON:	
c. State	\$ 30	0,000."	,	2/12/02	1
d. Local	S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE	2/12/02	:
d. Local	3	• •	NA DEPOSE	AM IS NOT COVERED BY E	0 12372
e. Other	\$	00		GRAM HAS NOT BEEN SE	
			FOR RE	VIEW	1
f. Program Income	\$:	.00	17 IS THE ADDITION	NT DELINQUENT ON ANY	EEDERAL NERTS
g. TOTAL	\$		1		
		0,000.		attach an explanation.	₹ No
18. TO THE BEST OF MY KNOW					
DOCUMENT HAS BEEN DULY			E APPLICANT AND T	HE APPLICANT WILL COM	IPLY WITH THE
a. Type Name of Authorized Rep	THE ASSISTANCE IS AWA		<u> </u>	To Talent to the second	
Shirley Whe		b. Title	A ==	c. Telephone Number	d 1 a
d. Signature of Authorized Repre		L Direct	or	(530) 595-4 e. Date Signed	#Tg
C C C	willy / Time	(n)		12/1	2/02
Previous Edition Usable	- Julia	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			24 (Rev. 7-97)
Authorized for Local Reproduction	n /			Prescribed by O	I/18 Circular A-102

OMB Approval No. 0348-0043

APPLICATION FEDERAL ASS	FOR ISTANC	E	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Preapplicat	ion	3. DATE RECEIVED B	BY STATE	State Application Identifier	
Construction	Constru	uction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
☐ Non-Construction	☐ Non-Co	onstruction				
. APPLICANT INFORMATIO	ON			To a desired their		
egal Name:	_			Organizational Unit:	City	
City of Address (give city, county, sta				Name and telephone	number of the person to be contacted	d on matters involving this
.5915 Dunsmu				application (give are	a code)	
Siskiyou Co				J. Keit	h Anderson	
Dunsmuir, C	alifor	nia 9602	25	(530) 2	235-4822, Ext. 1	04
. EMPLOYER IDENTIFICA	пои нимвер	(EIN):		1	CANT: (enter appropriate letter in box H. Independent Scho) C
9 4 -	600	0 3 2 4		A. State B. County		stitution of Higher Learning
. TYPE OF APPLICATION:				C. Municipal	J. Private University K. Indian Tribe	
	New	☐ Continuatio	n 🔲 Revision	D. Township E. Interstate	L. Individual	
			 1	F. Intermunicip		
f Revision, enter appropriate A. Increase Award	letter(s) in box B. Decrease A		 ncrease Duration	G. Special Distr	ici it. Outer (opeany)	
D. Decrease Duration	Other (specify)	ı		9. NAME OF FEDE	RAL AGENCY:	
•				U.S.D.A	. Rural Develop	ment
				11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT	
10. CATALOG OF FEDERA ASSISTANCE NUMBER		1	<u>0 </u>	_ River A	venue & Siskiyo	u Avenue
Water	teeW 2	ewater		Sewer F	roject	
Dispos	sal Loa	n and G	rant			
12. AREAS AFFECTED BY	PROJECT (cit	ies, counties, stat	es, etc.):			
	- F D					
City	of Duns	Sillull				
13. PROPOSED PROJECT		14. CONGRES	SIONAL DISTRICTS OF	: Wally H	lerger, 2nd Dist	rict
	iding Date	a. Applicant			b. Project	
July '03 No	v. 103		Same		Same	
15. ESTIMATED FUNDING	:	1	16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE OF	BUE TOOTHE STATE EXECUTIVE
a. Federal \$,	781,000	.00 a. YES,	R 12372 PROCESS FO	OR REVIEW ON:	JUS GERMAN
		7817000	.00 DATE		//n	
b. Applicant \$.00 DATE			DEO
c. State \$.00 b. NO [PROGRAM IS N	OT COVERED BY E.O. 12372	OEC 1 1 2002
d. Local \$.00	OR PROGRAM	HAS NOT BEEN SELECTED STATE	FOR PEVIEW ARING HOUS
e. Other \$.00			HOUS!
f. Program Income \$	•		.00 17. IS APPLIC	CATION DELINQUENT	ON ANY FEDERAL DEBT?	
			YES	If "Yes," attach an e		X No
		781,000	.00			OCUMENT HAS BEEN DIE V
18. TO THE BEST OF MY K	NOWLEDGE A	ND BELIEF, ALL	DATA IN THIS APPLICAT ANT AND THE APPLICA	TION/PREAPPLICATION INT WILL COMPLY WIT	N ARE TRUE AND CORRECT, THE D THE ATTACHED ASSURANCES IF	THE ACCIONATION TO THE
a. Typed Name of Autho	rized Represe	ntative	ANTANA IIMATI MA	b. Title		C. Telephono names
J. Keith				Financ	e Director	(530)235-4822 Ext
d Clamature of Authoriz-	ad Depresents	tivo				e. Date Signed
A South	- and	lem				12-4-02
1 / 400						

					[6N	18 Approva No. 0348 0043
APPLICATION FOR 2. DATE SUB FEDERAL ASSISTANCE		2. DATE SUBMIT	TED Application liger		250 1 1 2002	
TYPE OF SUBMIS Application Construction	SION: Preapplicat		3. DATE RECEIVED	BY STATE	State Application Ide	htifier
			4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	CLEARING HOUSE
x Non-Constructi 5. APPLICATION INF		truction		•	UIMIL	a Mashari at Comment
Legal Name				Organizational Unit		
The Repents of the	ne University of C	California (C.)		Nume and talanhana	number of the names	to be contacted on matters involving
Address (give city, cou University of Cali		le)		this application (give a	area code)	
Office of Research				Administrative C	ontact	Technical Contact
200 University Of	fice Building			Linda L. Bryant		Gail S. Tonnesen
Riverside, CA 92				(909) 787-5535		(909) 781-5676
6. EMPLOYER DEN	TIFICATION NUMBE	R (EIN):	4 2	7. TYPE OF APPLIC A. State B. County C. Municipal	ANT: (enter appropria H. Independent S I. State Controlle J. Private Univers	chool Dist. Id Institution of Higher Learning
B. TYPE OF APPLICA	ATION;			D. Township	K. Indian Tribe	nty
	New Contin	uation	Revision	E. Interstate F. Intermunicipal	L. Individual M. Profit Organizz	ation
If Revision, enter appro		·····	7	G. Special District		
A. Increase Award	B. Decrease	Award (Increase Duration	9. NAME OF FEDER	RAL AGENCY:	
D. Decrease Dura	ition Other (speci	ίλ):	,	Environmental F	Protection Agency	
10. CATALOG OF FEDI ASSISTANCE NUM		6 6	5 0 0	A Section 1	TITLE OF APPLICANT	
TITLE:				Experimental E	valuation of Ob	servation Based Methods Ozone to VOC and NOx
12. AREAS AFFECT	ED BY DEC IECT (oil	tion counties	= states etc.)	Tor Assessing t	ne Sensitivity of	Ozone to voc and nox
	ED BT FROSEOT (CII	ico, oour ilio	5, 5(mico; 5(4))			
All U.S.	NECT.	14 CON	GRESSIONAL DIST	RICTS OF:		
Start Date	Ending Date	a. Applica	nnt		b. Project CA 42, 43	·
15. ESTIMATED FUN			16. IS APPLICATIO	N SUBJECT TO REVIE	W BY STATE EXECU	TIVE ORDER 12372 PROCESS?
a. Federal	\$243,024		a YES. THIS	EPREAPPLICATION/AP TE EXECUTIVE ORDE	PLICATION WAS MA R 12372 PROCESS F	DE AVAILABLE TO THE OR REVIEW ON:
b. Applicant	\$		DAT	E 12/11/02		-
c. State	\$		b. NO. PR	OGRAM IS NOT COVE	RED BY E.O. 12372	
d. Local	\$		OF	PROGRAM HAS NOT	BEEN SELECTED BY	STATE FOR REVIEW
e. Other	\$					
f. Program Income	\$0			ANT DELINQUENT ON		
g. TOTAL	\$243,024		,	es," attach an explanatio		No
16. TO THE BEST OF MY K	NOWLEDGE AND BELIEF, VERNING BODY OF THE AF	ALL DATA IN T	THIS APPLICATION/PREAF THE APPLICANT WILL CO	PLICATION ARE TRUE AND C DMPLY WITH THE ATTACHED	ASSURANCES IF THE ASSI	MINICE IS AWARDED
a. Typed Name of Au Linda L. Brya	thorized Representation		b. Title	oal Contract & Gran		c. Telephone number (909) 787-5535
d. Signature of Author						e. Date Signed
		?	A			11/25/02
Previous Editions Not		Lange	nrj	1		Standard Form 424 (REV 4-88)
I NOT BEAUTION IN THE PARTY OF						Prescribed by OMB Circular A-102

A 1' 4' 6			
Application for		2. DATE SUBMITTED:	App dentifier
Federal Assistance	:e		
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	Sal Addicated a difficial We Com
Application	Preapplication		1113
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Free Hamilier DEC - 9002002
Non-construction	Non-construction		3002002 - 11
5. APPLICANT INFORMATION			COUNTRIANTE
Legal Name:	State of California	Organizational Unit:	DOTATE CLEARING HOUSE
			Ontacted on matters involving this application (give area code)
601 North 7th Street			motion on maners me oring one approvious (give area code)
P.O. Box 942732		Die	1 171 1 (0) (0 00 1 0000
Sacramento, CA94234-732	20	NIC	chard Blood (916) 324-2208
6. EMPLOYER IDENTIFICATION	JUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate lette	ter here) A
68-	-0317191	A. State	H. Independent School District
8. TYPE OF APPLICATION:		B. County	I. State Controlled Institution of Higher Learning
New Continuati		C. Municipal	J. Private University
If Revision, enter appropriate letter(s)		D. Township	K. Indian Tribe
A. Increase Award	B. Decrease Award	E. Interstate	L. Individual
C. Increase Duration	D. Decrease Duration	F. Intermunicipal	M. Profit Organization
Other Specify:		G. Special District	N. Other (Specify):
			• • • • • • • • • • • • • • • • • • • •
		9. NAME OF FEDERAL AGENCY:	3
			nvironmental Protection Agency
10. CATALOG OF FEDERAL		2 11. DESCRIPTIVE TITLE OF APPLICANT'S PRO.	
DOMESTIC ASSISTANCE NUN	4BER:	Development and Imlpementation of	f a Program for the Assessment and Mitigation of Radon
тіть: State Indoor Radon G	<u>.</u> .		
111LE: State Indoor Radon G		4	
	of Califonia		
13. Proposed Project:	<u> Геантоніа</u>		
Start Date	End Date	14. CONGRESSIONAL DISTRICT OF:	
Dian pair	End Date	a. Applicant:	b. Project
	1	DHS 16. IS APPLICATION SUBJECT TO BE	Statewide
		15 APPLICATION SUBJECT TO RI	REVIEW BY STATE EXECUTIVE ORDER
15. Esimated Funding:		-{	PPLICATION WAS MADE AVAILABLE TO
a. Federal	\$ 125,000		PPLICATION WAS MADE AVAILABLE TO R 12372 PROCESSES FOR REVIEW
b. Applicant	\$ -	ON:	C123/2 PROCESSES FOR REVIEW
c. State	\$ 126,285	DATE:	
d. Local		b. NO.	
e. Other: 1:1 Match	\$ -	PROGRAM IS NOT COVERE	PEDRY FO 12272
f. Program Income		· ·	BEEN SELECTED BY STATE FOR REVIEW
g. TOTAL	\$ 251,285	17. IS APPLICANT DELINQUENT ON	
		Yes If "Yes." attach an explanation	
8. TO THE BEST OF AUTHORIZED B	F MY KNOWLEDGE AND BELIEF, ALL DAY THE GOVERNING BODY OF THE APPL	ATA IN THIS APPLICATION/PREADBLICATION A	ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY VITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
a. Typed name of Au	uthorized Representative.	L A J	
3		b. Title: Administrator	c. Telephone Number
David Soulel		Chief Deputy Director, DHS	(916) 657-1425
d. Signature of Author	orized Representative		e. Date Signed
The	1 M	,	9/20/22

FROM:

A DOLLO A TION TOD				Ti	ОМ	Approvaliso. 0848	V 0043
APPLICATION FOR	NAC.	2. DATE SUBMITTED		Applicant Identifier			
FEDERAL ASSISTANCE 2. DATE SUBMITTED December 2,		2002		Inl	DEC - 6 2	ากกา	
1. TYPE OF SUBMISSION:	T T	3. DATE RECEIVED 8		State Application	deruitier	DEC 0 4	2004
Application	Preapplication						
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	L.	== OLEADIA	101
Non-Construction	Non-Construction				STA	TECLEARIN	101
5. APPLICANT INFORMATION			Organizational Unit:			Control of the Contro	
Legal Name: Hyampom Community	Sarvice Distri	ct	Organizational Offic				
Address (give city, county, State,	and zip code):		Name and telephone r	number of person to	be cont	acted on matters invo	olving
P.O. Box 214			this application (give a				
Hyampom, CA 96046			Patricia Mon		stric	t Manager	
6. EMPLOYER IDENTIFICATION	A NUMBER (EIAI):		(530) 623-83 7. TYPE OF APPLICA		iate letter	r in bax)	—
6.8 — 0 3 3 9				· · · · · · · · · · · · · · · · · · ·		G	
0.0 -0 3 3 3 3	191913		A. State	H. Independent Sc	chool Dis	t.	
8. TYPE OF APPLICATION:			B. County			on of Higher Learning	
XX New	Continuation	Revision	C. Municipal D. Township	J. Private Universi K. Indian Tribe	ty		
If Revision, enter appropriate lett	er(s) in box(es)	7 []	E. Interstate	L. Individual			
II Revision, enter appropriate ica	(a) (a) box(ab)		F. Intermunicipal	M. Profit Organiza	tion		
A. Incresse Award B. Dec	rease Award C. Increa	se Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Other(specify):		A NAME OF FEDERA	I ACENOV.			
			9. NAME OF FEDERA				
			U.S.D.A. Run	ral Develop	ment		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TO	TLE OF APPLICAN	T'S PRO	DJECT:	
10,00100000		10 _ 716 6	Purchase of	f Water Ten	der f	or Fire	
	** 471.1 0		Protect	ion			1
TITLE: Community	y Facilities Gr	ant	-				
12. AREAS AFFECTED BY PRO Hyampom (pop. 234)	OJECT (Cilles, Counties, S	untu Calif					
and surrounding	7 50 square mil	es.					
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:					
	Honorable W	ally Herger, D					
Start Date Ending Date	a. Applicant		b. Project	Tours Dia	+	. 1	
1-1-2003 4-1-2003	Hon, Wally He	rger, Dist. 1	Hon. Wally I				
15. ESTIMATED FUNDING:			ORDER 12372 PF				1
- Fadami	S	00					
a. Federal		15,000.	a. YES, THIS PREA				
b. Applicant	\$.m	1			IVE ORDER 12372	
		35,000.	_	FOR REVIEW ON:			
c. State	\$	•	DATE	ecember 6,	2002		
d. Local	\$,%0					
			b. No. PROGRA				1
e. Other	\$, oo	OR PRO	= :	EEN SEI	LECTED BY STATE	
		00	- FOR RE	N1⊏44			ĺ
f. Program Income	\$	•	17. IS THE APPLICA	NT DELINQUENT	ON ANY	FEDERAL DEBT?	
g. TOTAL	3		Yes If "Yes,"			No	1
1~	5	0,000.					—
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI COVERNING ROOV OF T	HE APPLICANT AND T	HUN AKE IKUE A HE APPLICANT W	ILL COM	(PLY WITH THE	
ATTACHED ASSURANCES IF			: ·		+ + 11		
a. Type Name of Authorized Rep		b, Title		c. Telephane Nun			
Gwendolyn McCumbe	er	Board Chairp	erson	(530) 628	- 59 5 2		
d. Signature of Authorized Repre	esentative			e. Date Signed December	2. 20	n2	
Previous Edition Utable	Cumter					424 (Rev. 7-97)	

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Standard Form 424

APPLICATION FOR				OMB Approval No. 0348-0043
*	1100	2. DATE SUBMITTED		Applicant Identifier
FEDERAL ASSISTA	NCE			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	· ·		CA-90-7144-01
5. APPLICANT INFORMATION				
Legal Name: Antelope Valle	JOAN JOAN JOAN JOAN JOAN JOAN JOAN JOAN	LOWN HENDO	Organizational Unit:	
Antelope Valle	ey Transuctor	F CIENTING I	IATS	number of person to be contacted on matters involving
Address (give city, county, State,	1 1		this application (give a	
1031 West Ave	· L-12	DEC - 2 5005		
Lancaster, CA	93534	ner a - 1au	1 661-726	ningham -2616 Ext. 209
8. EMPLOYER IDENTIFICATION	N NUMBER (EIN)		117 11	ANT: (enter appropriate letter in box)
95-437	7119	<u> </u>	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
	M	Пвы	C. Municipal	J. Private University
☐ New	Continuation	Revision	D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(a) in box(as)	1 6	E. Interstate	L. Individual
	ن ا) (\$	F. Internunicipal	M. Profit Organization
1	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(apecify);		9. NAME OF FEDERA	AL AGENCY:
			ITTS Den	artment of Transportativi
		·	Federal T	ransit Administration
10. CATALOG OF FEDERAL D	DMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	ILE OF APPLICANT'S PROJECT:
Federal Transi	tFormula	20-507	Capital	Assistance for COP Paymento, and ng Assistance.
Grants (Urban	Area Formula	Program)	(1000)	Payments and
			\ LEWS	Acceptance
12 AREAS AFFECTED BY PRO Antelope Valle	ev portion of	northern	Operation	3 /19917/2018
Los Angeles Co	ounty, Califo	ornia		
	14. CONGRESSIONAL DI			
0 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The Construction	
Start Date	a. Applicant 25		h. Project 25	
15. ESTIMATED FUNDING:			16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
101 00 1010 1010 1101			ORDER 12372 PR	
a. Federal	\$ 0.00		1	<u>.</u>
	3,079,4		a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	90		TO THE STATE EXECUTIVE ORDER 12372
c, State	\$	90	PROCESS	FOR REVIEW ON:
C, Side	 *	•	DATE	
d. Local	\$, ===	, ,	1	
	2,658,2		b. No. 🔀 PROGRA	M IS NOT COVERED BY E. O. 12872
a. Other	\$.60	· –	GRAM HAS NOT BEEN SELECTED BY STATE
		∞	FOR REV	/IEW
I. Program Income	\$,**	47 10 7115 4001 1041	YT DELINGUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	- 80	┪ .	
	5,737,63	54 .	Yes If "Yes,"	attach an explanation. No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATIONPREAPPLICAT	TON ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	1E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF		T		Tologhana Mumber
a Type Name of Authorized Rep William Budlo:		b. Thio Executive	Director	c. Telephone Number 661-726-2616 Ext 203
d. Signature of Authorized Repres	cantativa	1220000	and the second s	o Data Signed
The state of the state of Highest	and the	•		12/3/02
Previous Edition Usable	0			Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	n ·	* .*		Prescribed by OMB Circular A-102

EDERAL ASSISTANCE		Z. DATE GODINITTED		Applicant Identifier		
				State Application Identifier		
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State reprised to		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction					
. APPLICANT INFORMATION			Organizational Unit:			
egal Name:	Public Utility	District	Bos	ard of Direct	ors	
Springville	rubire octary		Name and telephone i	number of person to be	contacted on matters involving	
ddress (give city, county, State,	апа гір соағу. Л		1			
Springville	GA 93265	4	Dennis R.	<i>rea c</i> ode) Keller, Distr	Tee Tingara-	
Tulare Coun	tv		(559) 732-	7938	a letter in box)	
. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	VM I : (enter appropriate	G G	
94-1731	897		A. State	H. Independent Scho		
. TYPE OF APPLICATION:			B. County	J. Private University	and do ring to continu	
X New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe		
	· ·	<u> </u>	E. Interstate	L Individual		
Revision, enter appropriate lett	er(s) in box(es)		F. Intermunicipal	M. Profit Organizatio	n	
Aa B Dec	rease Award G. Increas	se Duration	G. Special District	N. Other (Specify)		
A. Increase Award B. Dec D. Decrease Duration Other(<u> </u>		
D. Decrease Durament			9. NAME OF FEDER	AL AGENCY:		
	•		USDA - Rui	ral Developme	III L	
				TLE OF APPLICANT	S DOUBCT:	
D. CATALOG OF FEDERAL DE	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT	3 FR00201.	
Water & Wa	ste Disposal	10-760	Séwe	r Effluent D	Lsposal Project	
TITLE: Loan and	Grant Program	tales etc.):	-		The state of the s	
Unincorporated Springville, Ca	Community of				DEC 5 2002	
I3. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:				
March 2004*					la la la partio 1 02	
Start Date Ending Date	a. Applicant		b. Project		Considering the same full case of the cases and the cases are cases and the cases are cases and the cases and the cases are cases and the cases and the cases are cases are cases and the cases are cases and the cases are cases are cases and the cases are cases are cases are cases are	
*Funding Dependent	21st		2.1st	TO DEVI	EW BY STATE EYECUTIVE	
15. ESTIMATED FUNDING:					EW BY STATE EXECUTIVE	
			ORDER 12372 P	ROCESS?		
a Federal USDA-RD	\$ 1,0	21,800	a. YES. THIS PRE	APPLICATION/APPLI	ICATION WAS MADE	
b. Applicant	s	0		S FOR REVIEW ON:	RECOTIVE ONDER 12372	
c. State	\$		DATE	10/4/02	_	
d. Local	\$	0	b. No. PROGE	RAM IS NOT COVERE	D BY E. O. 12372 EN SELECTED BY STATE	
e. Other	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	FOR RE	44		
f. Program income	\$	∞ O	17. IS THE APPLICA	ANT DELINQUENT O	N ANY FEDERAL DEBT?	
g. TOTAL	\$ 1.0	. ~ 021,800		* attach an explanati		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	WLEDGE AND BELIEF, A	ALL DATA IN THIS APPL GOVERNING BODY OF T	ICATION/PREAPPLICATE APPLICANT AND	ATION ARE TRUE AN THE APPLICANT WIL	ID CORRECT, THE LL COMPLY WITH THE	
a. Type Name of Authorized Re		b. Title Presion	dent,	c. Telephone Numb	oer ·	
Wallace Johnson	p 1000 1 W		f Directors	(559) 53		
d. Signature of Authorized Repr	esentative			e. Date Signed	1-02	
Previous Edition Usable Authorized for Local Reproducti	on			Standar	d Form 424 (Rev. 7-97) ed by OMB Circular A-102	
·	•				•	

p.2

Office of Environmental Justice small Grants Program - Application Guidance FY 2003

APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED Applicant Identifier			
			12-18-2002			
1. TYPE OF SUBM	MISSION	Preapplication	3. DATE RECEIVED BY SYATE	State Application Identifier		
Con	struction	☐ Construction	4. DATE RECEIVED BY	Federal Identifier		
Non-	-Construction	□ Non- Construction	FEDERAL AGENCY			
5. APPLICANT IN	FORMATION					
Legal Name:		0.16.0.00	Organizational Unit:			
Address (give city	portunities for county, state, and zip code	Self-Sufficienc				
	dge St., Ste.		Name and telephone number of this application (give area code)	the person to be contacted on matters involving		
Berkeley, C	A 94704 (Alam	eda County)	boona cheema, 5	10/649-1930		
6. EMPLOYER IDE	NTIFICATION (EIN):		7. TYPE OF APPLICANT: (e	nter appropriate letter here) N		
				H. Independent School District		
5 1 -	0 1 7 3	3 9 0	1	ontrolled Institution of Higher Learning		
			C. Municipal J. Private	A Second Service F 1 F 3 A F 1 T 1		
8. TYPE OF APPLI	CATION:		D. Township K. Indian			
☑ New	☐ Continuation	☐ Revision	E. Interstate L. Individu	DEC 4 2002		
			F. Intermunicipal	M. Profit Organization		
	ppropriate letter(s) in b	ox(es):		N. Other (Specify): NON-profft orgis		
A. Increase Award C. Increase Duration D. Decrease Duration			9. NAME OF FEDERAL AGENCY:			
Other Specify:			Environmental H	Protection Agency		
10. CATALOG OF	FEBERAL DOMESTIC	ASSISTANCE NUMBER:				
		ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF A	1		
	66.604		Assessment to Identify & Reduce			
TITLE: Environm	ental Justice Grants to Sr	mall Community Groups	Environmental Health Risks/Inequities in Programs for Homeless Families			
Alamada Cour	red by project (citie ity, California	es, counties, states, etc.):	and Individuals			
13. PROPOSED PR		14. CONGRESSIONAL				
Start Date		DISTRICT OF:				
Stan Date	End Date	a. Applicant:		b. Project		
1-1-2003	12-31-2003	9	9			
15. Estimated Fund	ing;		16. IS APPLICATION SUBJECT	TO REVIEW BY STATE EXECUTIVE		
a. Federal (if r	rec'd)	\$ 15,000	ORDER 12372 PROCESS?			
b. Applicant (pen	ding)	\$ 50,000	a. YES. THIS PREAPPLICATION TO THE STATE EXECUTE REVIEW ON:	DN/APPLICATION WAS MADE AVAILABLE CUTIVE ORDER 12372 PROCESSES FOR		
c. State		\$	DATE			
d. Local		\$	b. NO. 🗆 PRÓGRA	AM IS NOT COVERED BY E.O. 12372		
e. Other \$			D OR PROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE FOR		
f. Program Income			17. IS THE APPLICANT DELIN	QUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$ 65,000			YES If "Yes" attach an	explanation X NO		
ATTACHED ASSUR	RANCES IF THE ASSIST	D BELIEF, ALL DATA IN TI ED BY THE GOVERNING B TANCE IS AWARDED.	HIS APPLICATION/PREAPPLICAT ODY OF THE APPLICANT AND T	ICN ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
a. Typed Name of Au	thorized Representative.		b. Title:	c. Telephone Number		
boona cheema d. Signalyre of Author	rized Representativo		Executive Director	510/649-1930		
h ^ =			,	e. Date Signed		
Pylitus Editions Not Headle	2 chee	v a		12-3-2002		

APPLICATION FEDERAL AS		Ξ	2. DATE SUBMITTED	5/02	Applicant Identifi		GE	OVE	
TYPE OF SUBMISSIC Application X Construction	ON Preapplica Constr		3. DATE RECEIVED BY S		State Application	Thedener	nr0 -	2 2002	
Non-Constructi	on Non-C	onstruction	4. DATE RINGETYED BY	3 2002 [y]	Federal Identifie		DEC -	7	
5. APPLICANT INFORMA	ATION			VU					J.OE
Legal Name: City of Exeter				Organizational Uni Municipalit	ν		ECLEA		<u> </u>
Address (give city, ed 137 North "F" Exeter, CA 9	' Street	code):		Scot B. Tov	Name and telephone number of the person to be contacted on matters involving this application (give area code) Scot B. Townsend (559) 333-0029				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 3 2 9 8. TYPE OF APPLICATION X New Continuation Revision			7. TYPE Of APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual						
If Revision, enter appropriate lettet(s) in box(es) A. Increase Award D. Decrease Duration D. Decrease Duration D. Decrease Duration			F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): 9. NAME OF FEDERAL AGENCY: USDA Rural Development						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. O 7 6 0 TITLE: Water & Waste Disposal Loan and Grant Program 12. AREAS AFFECTED BY PROJECT (cities, counties, states, ect.): City of Exeter			Upgrade to	TITLE OF APPLICATE O existing wate ng distribution II.	er system	including	replacemen	t of	
13. PROPOSED PROJE	CT:	14. CONGRESSI	ONAL DISTRICT OF:						
Start Date 3/30/03	Ending Date 12/31/04	a. Applicant	21st		b. Project		21st		
15. ESTIMATED FUNDI	ING	<u> </u>	I6. IS APPLICAT	TION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal	\$	3,000,000	a. YES TH	IIS PREAPPLICATION ATE EXECUTIVE ORI	I/APPLICATION WA DER 12372 PROCESS	S MADE AVA	AILABLE TO T W ON:	THE	
b. Applicant	S		.00	TE:					
c. State	\$.00 b. NO	PROGRAM IS NO	T COVERED BY E.O	. 12372			
d. Local	\$	59,100	.00	OR PROGRAM	HAS NOT BEEN S	BLECTED F	BY STATE FO	OR REVIEW	
e. Other	\$.00	entral de la constant					
f. Program Income	\$.00 17. IS THE APPL	ICANT DELINQUENT If "Yes" attach an		DEBT?	X	No	
g. TOTAL	ţ	3,059,100	2.00						
18. TO THE BEST OF M AUTHORIZED BY THE	OVERNING BODY C	BELIEF, ALL DA' OF THE APPLICAN	TA IN THIS APPLICATION IT AND APPLICANT WILL	PREAPPLICATION AT COMPLY WITH THE	RE TRUE AND CORF	RECT. THE D	OCUMENT HA	S BEEN DULY IS AWARDED	
a. Typed Names of A		chace		b. Title	City Administr	ator	c. T	elephone Numbe (559)592-9	:r 9244
d. Signature of Aut	horized Representat	ive	·				e. D	ate Signed	
	TE	on Co	race					11/15/0	12
Previous Editions No			· · · · · · · · · · · · · · · · · · ·					Standard Form 424	(REV 4-88)

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier November 26, 2002 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Construction Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: California Department of Transportation (Caltrans) District 9, Division of Planning & Programming Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 500 South Main Street Katy Walton, Deputy District Director Bishop, CA 93514 (760) 872-0691 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) -6001344 Α A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County 1. State Controlled Institution of Higher Learning C. Municipal J. Private University New New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Federal Transit Administration 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 5 1 2 Rural Passenger Transportation & ITS Integration Program TITLE: 49 U.S.C 5312(a) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 14. CONGRESSIONAL DISTRICTS OF: California; 4 & 25, Nevada; 2, Oregon; 2 Ending Date a. Applicant b. Project 3/1/02 6/30/04 Caltrans Test & Dedla 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? \$

States of Oregon, California, & Nevada 13. PROPOSED PROJECT Start Date 15. ESTIMATED FUNDING: a. Federal 400,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ 11/26/02 80.000 DATE _ d. Local \$ b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other 00 \$ ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE: FOR REVIEW f. Program income 00 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 480,000 **₩** No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative F. Katy Walton

c. Telephone Number (760) 872-0691

Deputy District Director

e. Date/Signed

Previous Edition/Usable Authorized for Local Reproduction

d 81gn ature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR		<u></u>		ONE Approvar No. 0346-0043
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED 11/26/02		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	DEPARTMENT OF PUBLIC WORKS
COUNTY OF	LAKE			number of person to be contacted on matters involving
Address (give city, county, State, 255 N. Forbes St	reet		this application (give at	
Room 309			Kurt Ackerma	
Lakeport, Ca. 95 6. EMPLOYER IDENTIFICATION	453 N NUMBER (FIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
	8 2 5			В
			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:		C Davisian	C. Municipal	J. Private University
X New	Continuation	Revision	D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
A June Award B Dog	rease Award C. Increase	e Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)
//. ///d/5000 / /// a. u = / =	specify):			
			9. NAME OF FEDERA	
			rederal Avia	ation Adminstration (FAA)
	DATECTIC ACCICTANCE N	IMBED:	11 DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N		1	mprovements.
	<u> </u>	20 - 106		ncing Along Property Line.
TITLE: Airport (Capitol Improvem	ient Plan		Trees in Transitional Zone.
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, Sta	ates, etc.):	(Easement	Acquisition)
COUNTY OF LAKE				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project 1st.	
15. ESTIMATED FUNDING:	L.		16. IS APPLICATION ORDER 12372 PF	SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?
a. Federal	\$.00		
	364,950.00	60		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$ 18,248.00	•	PROCESS	FOR REVIEW ON:
c. State	\$.00	1	of application sent to state
	22,302.00	00	DATE CIE	earing house. 11/26/02
d. Local) D	•		AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE VIEW
f. Program Income	\$		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 405,500.00	.00	Yes If "Yes,"	attach an explanation.
DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AL AUTHORIZED BY THE G	OVERNING BODY OF TH	CATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Type Name of Authorized Rep		lh Title		c. Telephone Number
G.R. SHAUL d. Signature of Authorized Repr	,	Director of B	Public Works	(707) 263–2341 e. Date Signed
d. Signature of Authorized Reput	esentative	1	No. and Company	1 -2/ 101/ 2/3/1/
Previous Edition Usable Authorized for Local Reproduction	on	DE	C 2 2002	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
		(STATE	2 2002	
			EADIN. /	

APPLICATION FOR			E G OMB Approval No. 0348	D043		
FEDERAL ASSISTANCE	2. DATE SUBMITTE Novem	ber 4, 2002	Applicant Identifier	\prod		
1. TYPE OF SUBMISSION:	3. DATE RECEIVED	BY STATE	State Application Identifier 2 2002	++-1		
Application Preapplication Construction Construction				'		
☐ Construction ☐ Construction ☐ Non-Construction ☐ Non-Construction		BY FEDERAL AGENC		\top		
5. APPLICANT INFORMATION	ion		- I STATE CLEARING HOUSE	-		
Legal Name:		Organizational Unit:	The state of the s	-		
County of Sonoma		Permit and F	Resource Management Departmer	nt		
Address (glve city, co.inty, State, and zip code):	-	Name and telephon	e number of person to be contacted on matters invo	olving		
2550 Ventura Ave. Santa Rosa, CA 95403-2829		this application (give Rich Holmer	c. 70 7- 565-3636			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter in box)	-		
94-6000539			В	l		
8. TYPE OF APPLICATION:		A. State	H. Independent School Dist.			
		B, County C. Municipal	I. State Controlled Institution of Higher Learning			
New Continuation	on Revision	D. Township	J. Privete University K. Indian Tribe			
If Revision, enter appropriate letter(s) in box(es)		E. Interstate	L. individual			
		F. Intermunicipal	M. Profit Organization			
A. Increase Award B. Decrease Award C. In D. Decrease Duration Other(specify);	crease Duration	G. Special District	N. Other (Specify)			
p. ocorease balling Strengspearly).		9. NAME OF FEDER	RAL AGENCY:			
		USEPA, Region IX				
10. CATALOG OF FEDERAL DOMESTIC ASSISTAN	CE NUMBER:		TTLE OF APPLICANT'S PROJECT:			
	66 - 606		naracterization and safe operation of			
TITLE: Surveys, studies, investigation	ns		lustrial and agricultural septic systems in			
12. AREAS AFFECTED BY PROJECT (Cities, Countle	es, States, etc.):	Sonoma County	y, Camorna			
Sonoma County, California						
13, PROPOSED PROJECT 14, CONGRESSION	AL DISTRICTS OF:			_		
Start Date Ending Date a. Applicant		b. Praject		-		
	ricts 1 and 6		Districts 1 and 6			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE				
		ORDER 12372 P	ROCESS?			
a. Federal \$	74,736 °	- VEC THIS DDE	CARDLIA TIONIA DELIGATIONI MA O MADE			
b. Applicant \$	00		EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372			
	15,000	l l	3 FOR REVIEW ON:			
c. State \$.00	DATE	11/06/02			
d. Local \$, QD		AND DETERMINED BY D. C. C.			
e, Other \$	100		AM IS NOT COVERED BY E. O. 12372 DGRAM HAS NOT BEEN SELECTED BY STATE	-		
e. Other	•	_				
f. Program Income \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g, TOTAL \$	89,736	Yes If "Yes,"	attach an explanation.			
18. TO THE BEST OF MY KNOWLEDGE AND BELIE DOCUMENT HAS BEEN DULY AUTHORIZED BY TH	F, ALL DATA IN THIS APPL	LICATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE	-		
ATTACHED ASSURANCES IF THE ASSISTANCE IS		THE OF SHADIST DISE	THE PARTY OF THE PROPERTY OF THE PARTY OF TH			
a. Type Name of Authorized Representative	b. Title		a, Telephone Number			
Michael Kerns	Chairman, Board	of Supervisors	(707) 565-2241	_		
d. Signature of Authorized Representative			e. Date Signed 11 2 4 0 2			
Previous Edition Usable			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102			

APPLICATION FOR FEDERAL ASSISTAN	CE	2. DATE SUBMITTED 11/25/02		Applicant Identifier
1.TYPE OF SUBMISSION:	***************************************	3. DATE RECEIVED BY STATE		State Application Identifier
Application Prea	pplication			
	Construction Non-Construction TION	4. DATE RECEIVED BY FEDER	RAL AGENCY	/ Federal Identifier
***************************************		ement Corporation	Organization	nai Unit:
Address (give city, county, state,	and zip code):	ement Corporation	Name and te	elephone number of person to be contacted on matters involving
487 N. State Stre	et			tion (give area code)
Ukiah, CA 95482				tine B. Otto 468-0314 ext. 125
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF	APPLICANT: (enter appropriate letter in box)
6 8 - 0 0	4 6	7 4	A. State 8. County	
8. TYPE OF APPLICATION:	·w Псов	tinuation Revision	C. Municip D. Towns E. Interst	pal J. Private University ship K. Indian Tribe
		The resision	F. Intermu G. Special	unicipal M. Profit Organization Private, NonProfit N. Other (Specify) Private, NonProfit
If Revision, enter appropriate lette	er(s) in			Corporation
	Decrease Award her (specify):	c. Increase Duration		
			9. NAME OF	FEDERAL AGENCY:
Maria de la companion de la co			USDA	A
10. CATALOG OF FEDERAL DOM	ESTIC ASSISTANC	E NUMBER:	11. DESCRIP	PTIVE TITLE OF APPLICANT'S PROJECT:
			Purcha	ase of Building and Land located at
-1-1-	1	0 - 7 6 6		11 S. State St., Ukiah, California
TITLE: 12. AREAS AFFECTED BY PROJ	ECT (Cities, Counties	, States, etc.)	See	"Legal Description" attached
City of Ukiah				
13. PROPOSED PROJEC	T 14 CONGR	 ESSIONAL DISTRICTS C	ıF•	
Start Date Ending Date	a. Applicant		b. Pro	oject ,
Feb. 03 unknown	n US Congr	essional Distric	t#1 U	US Congressional District #1
15. [ESTIMATED FU	NDING		APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE DRDER 12372 PROCESS?
a. Federal USDA	\$ 805,000.	00	a.	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER
b. Applicant	\$			12372 PROCESS FOR REVIEW ON:
c. State	\$			DATE 11/25/02
d. Local	\$		b.	b. NO PROGRAM IS NOT COVERED BY E.O. 12372
e. Other	\$			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	\$ -		17. IS	THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. Total	\$ 805,000.	00	0.00	YES (Attach explanation) X NO
CORRECT, THE DOCUM	ENT HAS BEEI	√ DULY AUTHORIZED E	BY THE GO	APPLICATION/PREAPPLICATION ARE TRUE AND SOVERNING BODY OF THE APPLICANT AND THE ASSISTANCE IS AWARDED.
a.Type Name of Authorized Repre	sentative	b. Title		c. Telephone Number
Bruce Andich, MD,			ent, Boa	eard of Directors 707-459-6115
d Signature of Authorized Represe	. //	ich MO I	The state of the s	e. Date Signed 11/25/02
Previous Edition Usable AUTHORIZED FOR LOCAL REPROD			PEO!	STANDARD FORM 424 (REV. 4-92) Prescribed by OMB Circular A-102
		LSTATE,	6 Ole:	° 2002 /
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APPLICATION FOR		2.Date S	ohmi * t ad	(Applican	OMB Approval No. 0348-0043 t Identifier		
FEDERAL ASSISTA	NCE	Z.Date 3	abmi coaa				
1. TYPE OF SUBMISSION: .		3.Date R	eceived by State	State Application Id	dentifier		
	reapplication Construction Nonconstruction	4.Date R	ec'd by Fed Agency	Federal Identifier			
5. APPLICANT INFORMATION		1,	1		H		
Legal Name State Water Resources Co	entrol Board		Organizational Uni Division of Clea	n Water Programs	[] DEC - 2 2002		
Address (give city, county, s			Name and telophone involving this app	of person to be con lication (give area	tacted on matters		
State Water Resources Cor 1001 Street Sacramento County Sacramento, CA 95814	trol Board		Joe Mello (916) 341-5622	1	STATE CLEARING HOUS		
6. EMPLOYER IDENTIFICATION NU	MBER (EIN):		7.TYPE OF APPLICAN	T:(enter appropriate	letter in box) A		
5 8 0 2 8 8. TYPE OF APPLICATION: X New Cont		sion	A. State B. County C. Municipal D. Township E. Interstate	H. Independent I. State insti J. Private Uni K. Indian Trib L. Individual	tute Higher Learning versity		
If Revision, enter appropriat	te letter <u>(s)</u> in <u>box</u> (es	:):	F. Intermunicipal G. Special Distric	M. Profit Orga	enization cify):		
A. Increase Award B. De	ecrease Award		9 NAME OF FEDERAL				
C. Increase Duration D. De	ecrease Duration		U.S. Environmental Protection Agency				
Other (Specify)							
10.CATALOG OF PEDERAL DOMEST ASSISTANCE NUMBER TITLE: Site Specific Coop (Superfund)	erative Agreements		To identify,	TLE OF AFPLICANT'S PA assess, and mitigate o in the San Gabriel ntained and updated p	sources of ground water Valley. A groundwater database		
12.AREAS AFFECTED BY PROJECT San Gabriel Valley, Cal		es,etc)					
13. PROPOSED PROJECT			RESSIONAL DISTRICT	oF: . b. Proje	ar.		
Start Date En	ding Date	a. Appl	icant	•			
1/1/03	12/31/03	i	3	. Californ	,		
ESTIMATED FU a. Federal \$	HOTHC I	RS This	Preapplication/Appl	EW BY STATE EXECUTIVE ication was made ava ocess for review on:	E ORDER 12372 PROCESS?		
b. Applicant \$.00		December 2, 2002				
d. Local	.00 b. N		rogram is not cover				
e. Other	.00	c	or program has not b	een selected by stat	e for review		
f. Program	.00 17.IS	THE APPL	ICANT DELINQUENT OF	ANY FEDERAL DERT?			
Income \$.00	Yes,	attach an explanati	on. <u>X</u> No			
18 TO THE BEST OF MY KNOWLI DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GOVE	RNING BOL	HIS APPLICATION/PREADY OF THE APPLICANT	APPLICATION ARE TRUE AND THE APPLICANT WI	AND CORRECT, THE LL COMPLY WITH THE		
a. Typed Name of Authorized	Representative		b. Title		c.Telephone Number		
Celeste Cantú			Executive Direc	cor	(916) 341-5615		
d. Signature of Authorized	Representative				e. Date Signed		
Previous Editions Not Usabl	c AUTHORIZED F(OR LOCAL	REPRODUCTION		Standard Form 424 (Rev 7-97) Prescribed by OMB Circular A 012		

APPLICATION FOR				OME	3 Approval No. 0348-004		
FEDERAL ASSISTANCE		2. DATE SUBMITTED November 20, 2002		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier			
lication	Preapplication						
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Construction	Non-Construction	<u> </u>					
5. APPLICANT INFORMATION		,	To				
Legal Name: Self-Help Home Imp	-		Organizational Unit:				
Address (give city, county, State,			Name and telephone number of person to be contacted on matters involving				
3777 Meadowview D Redding, CA 96002)r # 100		this application (give area code) Keith Grifith (530) 378-6900				
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter	r in box)		
95-2990			N				
	101,101		A. State	H. Independent School Dis	t.		
8. TYPE OF APPLICATION:	······································		B. County	I. State Controlled Institution	n of Higher Learning		
✓ New	, ☐ Continuation	Revision	C. Municipal	J. Private University			
₽ Nev	Continuation		D. Township	K. Indian Tribe			
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual			
	<u> </u>	J L_J	F. Intermunicipal	M. Profit Organization			
	rease Award C. Increas specify):	e Duration	G. Special District	N. Other (Specify) Non-	Profit Corp		
·			9. NAME OF FEDERAL AGENCY:				
			USDA Rural Development				
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:		TLE OF APPLICANT'S PRO			
-		1 0 — 4 2 0		nding of rural Self-Help			
	•		Technical assistance for the construction of 34 units				
TITLE: 1EAS AFFECTED BY PRO	NECT (Older Country Of	-44-1	in the two year p	eriod 2003-2005.	Makes and the second se		
Shasta and Tehama c	OJECT (Cities, Counties, Sta ounties	nes, etc.j.					
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		Star	2 2002		
Start Date Ending Date	a. Applicant		b. Project	S. C. FAR	/		
6/1/03 5/31/05	1st CD C	alifornia		1st CD California	Vg //		
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PF	SUBJECT TO REVIEW BY ROCESS?	STATE EXECUTIVE		
a. Federal	\$	510,000	a. YES. THIS PREA	APPLICATION/APPLICATIO	N WAS MADE		
b. Applicant	\$.00	AVAILABLE TO THE STATE EXECUTIVE (PROCESS FOR REVIEW ON:		VE ORDER 12372		
c. State	\$.00	DATE	11/20/02			
d. Local	\$.00	b. No. PROGRA	AM IS NOT COVERED BY E	. O. 12372		
e. Other \$ ⁰⁰		.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	\$.00	17. IS THE APPLICAL	NT DELINQUENT ON ANY	FEDERAL DEBT?		
g. TOTAL \$ 510,000			☐ Yes If "Yes," attach an explanation. ✓ No				
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH					
a Name of Authorized Rep		b. Title		c. Telephone Number			
eith Griffith	, Journal To	Executive Director		(530) 378-6900			
d. Signature of Authorized Repre	sentative / //	1		e. Date Signed / /			
Signature of real prize of the	II. MI	4//		11/2	0/02		
Previous Edition Usable	- July			Standard Form 4	124 (Rev. 7-97)		

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Prescribed by OMB Circular A-102

	^ T			2 DATE CHEMITTEE	OMB Approval No. 0348-0043 Applicant Identifier			
APPLICATION FO				2. DATE SUBMITTED	Applicant Identifier			
FEDERAL ASSIST	CANC	E	· , , , , , , , , , , , , , , , , , ,					
1. TYPE OF SUBMISSION:		Preapplication		3. DATE RECEIVED BY STATE	State Application Identifier			
Application ☐ Construction		Construction						
Non-Construction ■		☐ Non-Construction						
	mov.			4. DATE RECEIVED BY FEDERAL	AGENCY Federal Identifier			
5. APPLICANT INFORMA' Legal Name	HON		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Organizational Unit:				
	etropol	itan Transportation Au	thority	Programming and Poli	cy Analysis			
Address (give city, state, and z	ip code):			Name and telephone number of the p	erson to be contacted on matters involving this application (give			
One Cetewey	Dlozo			area code)				
One Gateway		mia 00012 2052		Steve Henley				
Los Angeles, C	annor	nia 90012-2952		(213) 922-3093				
6. EMPLOYER IDENTIFIC		NUMBER (EIN):		7. TYPE OF APPLICANT: (enter ap	propriate letter in box) N			
95 - 44 0 19				A State H Independent	Calcad Dist			
8. TYPE OF APPLICATION	N;				School Dist. lled Institution of Higher Learning			
New Continuation	n⊠ R	evision		C Municipal J Private Univ				
				D Township K Indian Trib E Interstate L Individual	e			
If Revision, enter appropriat	te letter(s	s) in box(es): A – increase	award	F Intermunicipal M Profit Org				
A Increase Award B D	ecrease A	Award C Increase Durat	ion	G Special District N Other (Spe	ecity)			
D Decrease Duration Ot				State Chartered Transit District				
				9. NAME OF FEDERAL AGENCY:				
			·	Federal Transit Admir				
10. CATALOG OF FEDERA	AL DOM	iestic 20 - 507		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:				
ASSISTANCE NUMBER		7		Subrecipient Grantee – Replacement Vehicles – Amendment O1				
TITLE 49 U.S.C.				-				
12. AREAS AFFECTED BY	PROJE	CT (cities, counties, states, e	tc.)					
Cities of Baldwin Park	κ, Com	pton, Glendale and M	Ionterey Park,					
CA								
13. PROPOSED PROJECT		14. CONGRESSIONAL D	ISTRICTS OF					
Start Date		Ending Date a.	Applicant		b. Project			
0 < 0.1 4000		0.6/20/2004	07 21 27		Company Americans			
06-01-2000		06/30/2004	27, 31, 37		Same as Applicant			
15. ESTIMATED FUNDING			-<		E EXECUTIVE ORDER 12372 PROCESS?			
a Federal	\$	4,466,000.00		REAPPLICATION APPLICATION W 372 PROCESS FOR REVIEW ON	VAS MADE AVAILABLE TO THE STATE EXECUTIVE			
			DATE 11	/2T/2002				
			DATE11.	12/12002				
			b NO PR	OGRAM IS NOT COVERED BY E O	12372 FED BY STATE FOR REVIEW FATE CLEARING RAL DEBT?			
				PROGRAM HAS NOT BEEN SELEC	PED BY CTATE FOR DEVIEW			
b Applicant	\$.00	- L OK	PROGRAM HAS NOT BEEN SELEC	TED BY STATE FOR REVIEW			
c State	\$.00	-		7 E 2 20			
d Local	\$	1,165,000.00						
e Other	\$.00			78/n/c			
f Program Income	\$.00	17. IS THE APPLIC	CANT DELINQUENT ON ANY FEDE	RAL DEBT?			
			Voc 18 "V	es" attach an explanation				
			- Les III'Y	es attach an explanation (22) N				
g TOTAL	\$	5,631,000.00						
			1					
18. TO THE BEST OF MY KNO	WLEDG	E AND BELIEF, ALL DATA IN	THIS APPLICATION P	REAPPLICATION ARE TRUE AND CORP	RECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE			
GOVERNING BODY OF THE A	PPLICAN	NE AND THE APPLICANT WI	LL COMPLY WITH THI	E ATTACHED ASSURANCES IF THE ASS	DID LANCE ID AWARDED			

c Telephone number b Title a Typed Name of Authorized Representative Deputy Executive Officer, Programming & Policy Analysis (213) 922-2456 FRANK FLORES e. Date Signed d. Signature of Authorized Representative 11/27/02 Previous Aditions Not Usable Standard Form 424 REV 4/88; Prescribed by OMB Circular A-102 Org Name: COASTAL HEALTH ALLIANCE UDS Number: 095400

APPLICATION	12.00		DATE SUBMITTED	ATE SUBMITTED Appli		Applicant Identifier		
FEDERAL ASSISTANCE			11/1/2002					
1. TYPE OF SUBMISS Application		3. plication	DATE RECEIVED B	TE RECEIVED BY STATE State A		entifier		
Construction	c	onstruction 4.	DATE RECEIVED B	TE RECEIVED BY FEDERAL AGENCY Federal Idea H80CS0033		***************************************		
Non-Construc		on-Construction						
5. APPLICANT INFOF Legal Name:	RMATION			Organizational Unit:				
	ALTH ALLIANCE			Olganization and				
Address (give city, col PO BOX 910 POINT REYES Marin	unty, state, and zip coo			Name and telephone number application (give area code) John Severson 415-663-8781	of the person to be con	ntacted on matters involving this		
	IFICATION NUMBER	(EIN):		7. TYPE OF APPLICANT (e.	nter apprpriate letter in	box)		
1680172541A1		(2.79.		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning				
	New ropriate letter(s) in box		Revision	C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization C. Special District N. Other				
D. Decrease Durat				9. NAME OF FEDERAL AGENCY: HHS, BPHC				
	EDERAL DOMESTIC DMMUNITY HEALTH (ASSISTANCE NUMBE CENTERS	R:	11. DESCRIPTIVE TITLE OF Coastal Health Alliand		alth Project		
						NOV	2 6 2002	
12. AREAS AFFECT Western Marin		ities, counties, states, et	c.):			STATE OL	EARING HOL	
13. PROPOSED PRO	DJECT:	14. CONGRESSION	NAL DISTRICTS OF					
Start Date	Ending Date	a. Applicant			Project			
03/01/2003	02/28/2008	6		6				
15. ESTIMATED FU	NDING:		16. IS APPLI	CATION SUBJECT TO REVIEW	V BY STATE EXECUTI	VE ORDER 12372 PROCESS		
a. Federal		550,000.0	00 a. YES.	THIS PREAPPLICATION/APPLI E ORDER 12372 PROCESS F	CATION WAS MADE A			
b. Applicant		6,500.0	30	ATE 11/01/2001				
c. State		229,742.0)O b. NO.	DROGRAM IS NOT C	OVERED BY E.O. 123	79		
d. Local		146,009.0		PROGRAMIS NOT COVERED BY E.G. 12012				
e. Other		129,259.0						
f. Program Income		893,118.0	OO 17. IS APPLIC	ATION DELINQUENT ON ANY				
g. TOTAL		1,954,628.			·	No THE DOCUMENT HAS BEEN D	NII V	
18. TO THE BEST O	F MY KNOWLEDGE A	ND BELIEF, ALL DATA	A IN THIS APPLICAT	TION/PREAPPLICATION ARE T NT WILL COMPLY WITH THE A	I KUE AND CORRECT, <u>ATTACHED</u> ASSURAN	THE DOCUMENT HAS BEEN DICES IF THE ASSISTACE IS AW	ARDED.	
a. Typed Name of A	Luthorized Represent	ative	THE OUT FIRM	b. Title		c. Telephone Number		
John Severson			Executive Director		415-663-8781			
	horized Represetative Signed by: John S					e. Date Signed 11/1/2002	2	

						OMB Approval No. 0348-0043	
APPLICATION FOR FEDERAL ASS	ISTANCE	2.Date St			Applicant Iden 	ntifier	
1. TYPE OF SUBMISSION:	•	13.Date R	eceived by State	State App	lication Identif	ier	
Application Preapplication			ec'd by Fed Agency Federal Identifier				
5. APPLICANT INFORMATI	ON		Organizational Uni				
Legal Name State Water Resou	Division of Water Quality Name and telephone of person to be contacted on matters						
	ounty, state, and zip cod	e):	Name and telephone involving this app	of person lication	n to be contacted (give area code)	; on matters	
State Water Resour 1001 I Street Sacramento County Sacramento, CA 95	James Maughan (916) 341-5522						
6. EMPLOYER IDENTIFICA	ATION NUMBER (EIN):		7. TYPE OF APPLICAN	T: (enter	appropriate lett	er in box) (A)	
6 8 0 2 8 1 9 8 6 8. TYPE OF APPLICATION:			A. State B. County C. Municipal D. Township	I. J. K.	Independent Scho State Institute Private Universi Indian Tribe Individual	Higher Learning	
	propriate letter(s) in bo	<u>ox</u> (es):	E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):				
A. Increase Award	B. Decrease Award	_'	9. NAME OF FEDERAL				
C. Increase Duration	D. Decrease Duration		U.S. Environmental Protection Agency				
Other (Specify)							
10.CATALOG OF FEDERAL ASSISTANCE NUMBER TITLE: Water Quali	DOMESTIC $ 6 + 6 - 4$ ty Cooperative Agreement.			ersonnel <i>P</i>		. S. Environmental	
12 ADENC ACCCORD BY	PROJECT(cities, counties,	states, etc)	-i				
San Francisco Bay							
13.PROPOSED PROJECT			RESSIONAL DISTRICT	OF:	L. Dervioor		
Start Date	Ending Date	ja. Appl	icant		. b. Project		
10/1/02	9/30/05		3		. CaliforniaA		
15.			ION SUBJECT TO REVI				
ESTIMATE a. Federal	S .00	a. YES: This Execu	Preapplication/Appl tive Order 12372 pr	ication w	as made available review on:	e to the State	
b. Applicant	\$.00		September 24, 200				
c. State		b. NO: _ E	Program is not cover	ed by E0	12372.		
d. Loca)	\$.00	1_1	or program has not b	een selec	ted by state for	review.	
e. Other	\$ 410,000.00 j				nht nunma		
f. Program	[1]	7.IS THE APPI	LICANT DELINQUENT ON	I ANY FEDE	KAL DEBT:		
g. TOTAL	\$.00		attach an explanati				
DOCUMENT UNG PEF	\$.00 Y KNOWLEDGE AND BELIEF, A N DULY AUTHORIZED BY THE CES IF THE ASSISTANCE IS	GOAPRITIO DO	HIS APPLICATION/PREA DY OF THE APPLICANT	APPLICATIO AND THE A			
			lb. Title			c.Telephone Number	
a. Typed Name of Authorized Representative Celeste Cantú			Executive Director (916) 341-5615			(916) 341-5615	
d. Signature of Authorized Representative			<u>i</u>	and the state of t		le. Date Signed	
						f 1	
Previous Editions No		·····			Pre	Standard Form 424 (Rev 7-97) scribed by OMB Circular A-012	
	AUTHOPIZ	ED FOR LOCAL	REPRODUCTION				